icon next to each line number.

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STATEMENT OF

FORM 1	ORGANIZATION					2015 JUN 19 AM 7: 58 Office Use Only			
NAME OF COMMITTEE (in	ı full)	(Check is chang			ple:If typing, type he lines.	12FE4	M5		
Auburn	Area	Democ	ratio		lub,	 			
					<u> </u>	111_	1111		
ADDRESS (number a	nd street)								
(Check if address		1415 B	raldi	Hill	Rd	1 1 1 1	11111		
is changed)		Aubur	n	<u>l </u>		CA	9560	3-19456	
				CITY		STATE	ZI	P CODE	
COMMITTEE'S E-MA	AIL ADDRÉS	S (Please provide	e only one e	-mail add	ress)				
					beglobal.	net.			
(Check if is change		.,,,,,,		7			1 1 1 1 1		
			· ·	-1. 1. 1.	<u> </u>		 	· 	
COMMITTEE'S WEE	PAGE ADD	RESS (URL)						•	
(Check if	address	WWW.	ubur	nde	nocrats.c	omi			
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2. DATE D	6 0	7 2 as		TT.	·		A -	Tir ti	
3. FEC IDENTIFI	CATION NU	IMBER	CO	04.	22022				
4. IS THIS STATE	MENT	NEW (N)	OR		X AMENDED (A))		· · · · · · · · · · · · · · · · · · ·	
I certify that I have	examined th	is Statement and	to the best	t of my k	nowledge and belief	it is true, co	rrect and compl	lete.	
Type or Print Name	of Treasurer	Deb	ra ti	ola	nsky	<u> </u>	om#		
Signature of Treasur	rer	bra Jolan	ske/			Date 1	06 0	7 2015	
NOTE: Submission of					ect the person signing		-	es of 2 U.S.C. §437g.	
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530		-	FORM 1 sed 02/2009)	

	FEC For	m 1 (Revised 02/2009)	Page 2					
5.	TYPE OF CO	COMMITTEE						
	Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.)							
(b) This committee is an authorized commi		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete Market 1997)	ete the candidate					
	Name of Candidate	information below.)						
	Candidate Party Affiliation	Office Sought: House Senate President	State District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party Com		Omagratia					
	(d) X		epublican, etc.) Party.					
	Political A	ction Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party					
		In addition, this committee is a Lobbyist/Registrant PAC						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Joint Fund	raising Representative:						
-	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	Com	mittees Participating in Joint Fundraiser						
	. 1.	FEC ID number C						
	2.	FEC ID number C						
	3.	FEC ID number C						
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Write or Type Committee Name	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Mailing Address	
÷	
	CITY STATE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name Det	ira Polansky
Mailing Address	14.15 Bald Hill Rd-
·	Auburn CA 956031-19456
Title or Position	CITY STATE ZIP CODE
Treasure	Telephone number 530-613-9579
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	a Polansky
Mailing Address	1415 Bab Hill Rd.
·	
	CITY STATE ZIP CODE
Title or Position Tressurer	Telephone number 530-613-2579

Page 4

FEC Form 1 (Revised 02/2009)

Full Name of Designated

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

STATE

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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received.

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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
a.	6/19/15
PREPARER	DATE PREPARED

(3/2015)